SUPPLEMENTAL QUALIFICATIONS FORM

MAINE DEPARTMENT OF TRANSPORTATION
OFFICE OF HUMAN RESOURCES
#16 STATE HOUSE STATION
AUGUSTA, MAINE 04333-0016

CANDIDATES NAME: **DATE SENT**:

CLASSIFICATION TITLE: **OPTION**:   **CODE**:
Transportation Crew Supervisor   **9909**

DATE DUE IN OFFICE OF HUMAN RESOURCES: **EXAMINER'S NAME:**

I hereby affirm that the information contained in this form is correct to the best of my knowledge and understand that false or misleading statements may result in rejection of my Application for Employment or dismissal from Maine State Service if I am selected.

Signature: _____ Date: _____

Transportation Crew Supervisor

SUPPLEMENTAL QUESTIONS

Special Experience Factors

1. Describe your experience in the following areas:

    Planning & Scheduling

    Delegating

    Supervising

2. Please describe your experience with highway, bridge, traffic, and heavy equipment maintenance & repair issues. (Include your knowledge of changing winter maintenance procedures.)

3. What experience do you have with safety and environmental issues? Please be specific about your experience.

4. What experience do you have with keeping administrative records, developing budgets and reports?

5. Please list the computer programs that you are familiar and experienced with.